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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 249768068US
Application Number	10/750,163-Conf. #5011	Filed December 31, 2003
For PROFILING ITEM SELLERS TO INFORM ITEM PURCHASING DECISIONS AND BUILD TRUST IN A MULTIPLE-SELLER MARKETPLACE		
Art Unit	3625	Examiner A. A. Shah
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by EFT Account No. SEA1PIRM. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0665</u> .		
I am the	<input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee or record of the entire interest. See 37 CFR 3.71. <span style="margin-left: 20px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</span> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,376</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <span style="margin-left: 20px;">Registration number if acting under 37 CFR 1.34</span>	
		<u>16-3-07</u> Date
Steven D. Lawrence Typed or printed name		(206) 359-8000 Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of	<u>1</u>	forms are submitted.